

ARTIC AUTO

VEHICLE INSPECTION

Name: _____ Year/Model: _____ Date: _____

Repair Order #: _____ VIN (last 8 digits): _____ Odometer: _____ Tag#: _____ License#: _____

Checked and OK

May Require Attention Soon

Requires Immediate Attention

WIPER BLADES

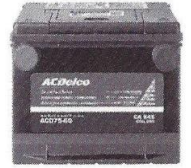


<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RF
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LF
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Rear (if applicable)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Windshield condition
Cracks _____		Chips _____	

Service History Check

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Air Conditioning Performance
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Remaining engine oil life: _____ %
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Reset: _____ N/A: _____

CHECK BATTERY



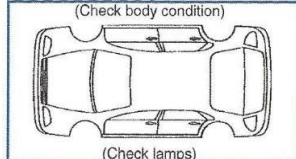
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Battery health
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Battery cables and connections

CHECK TIRES AND TREAD DEPTH

<input type="checkbox"/>	Rotation needed	<input type="checkbox"/>	Alignment needed	<input type="checkbox"/>	Balance needed
<input type="checkbox"/>	Rotation performed	<input type="checkbox"/>	Alignment performed	<input type="checkbox"/>	Balance performed

<input checked="" type="checkbox"/>	8/32 or Greater	ACTUAL	
<input checked="" type="checkbox"/>	7/32	LF	LR
<input checked="" type="checkbox"/>	6/32		
<input checked="" type="checkbox"/>	5/32		
<input checked="" type="checkbox"/>	4/32		
<input checked="" type="checkbox"/>	3/32 or Less		

<input checked="" type="checkbox"/>	8/32 or Greater
<input checked="" type="checkbox"/>	7/32
<input checked="" type="checkbox"/>	6/32
<input checked="" type="checkbox"/>	5/32
<input checked="" type="checkbox"/>	4/32
<input checked="" type="checkbox"/>	3/32 or Less



Lowest Tread Depth: _____ /32

<input type="checkbox"/>	LF	Wear Pattern	<input type="checkbox"/>	RF
<input type="checkbox"/>	LR	Damage	<input type="checkbox"/>	RR

<input checked="" type="checkbox"/>	8/32 or Greater
<input checked="" type="checkbox"/>	7/32
<input checked="" type="checkbox"/>	6/32
<input checked="" type="checkbox"/>	5/32
<input checked="" type="checkbox"/>	4/32
<input checked="" type="checkbox"/>	3/32 or Less

<input checked="" type="checkbox"/>	8/32 or Greater	ACTUAL	
<input checked="" type="checkbox"/>	7/32	LF	LR
<input checked="" type="checkbox"/>	6/32		
<input checked="" type="checkbox"/>	5/32		
<input checked="" type="checkbox"/>	4/32		
<input checked="" type="checkbox"/>	3/32 or Less		

PSI@: _____ set to: _____ PSI PSI@: _____ set to: _____ PSI PSI@: _____ set to: _____ PSI PSI@: _____ set to: _____ PSI

CHANGE ENGINE OIL & FILTER

N/A

CHECK BRAKES/MEASURE FRONT AND REAR LININGS

CHECK FLUID LEVELS

OK	FILLED	REQUIRES ATTENTION
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	7 mm greater	ACTUAL	
<input checked="" type="checkbox"/>	6 mm	LF	RF
<input checked="" type="checkbox"/>	5 mm		
<input checked="" type="checkbox"/>	4 mm		
<input checked="" type="checkbox"/>	3 mm/less		
<input checked="" type="checkbox"/>	2 mm/less		
<input checked="" type="checkbox"/>	1 mm/less		

Lowest Front Lining _____ Lowest Rear Lining _____

ADDITIONAL CHECKS (Inspect for visible leaks and visual condition)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fuel system (also including gas cap seating)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Engine, transmission, drive axle, transfer case
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Engine cooling system: leak/other
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Shocks and struts - also check operation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Belts: engine, power steering and/or V-drive
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hoses: engine, power steering and HVAC
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Engine air filter
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Passenger Compartment Air Filter
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Steering components and steering linkage
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CV drive axle boots or driveshafts and U-joints
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Exhaust system components
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Body components lubrication

Brake system (also including lines, hoses and parking brake)

Additional Recommended Services

1)	
2)	
3)	

Service Consultant: _____

Technician: _____ No.: _____

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Restraint system component check
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Chassis components lubrication
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Drive Axle (leak/other)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Evaporative control system